

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

**Proposing rule making related to coordination of services and reviews
and providing an opportunity for public comment**

The Department of Human Services hereby proposes to amend Chapter 177, “In-Home Health Related Care,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 234.6.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 234.6.

Purpose and Summary

The proposed amendments add provisions for coordination of services to avoid duplication. The amendments also add clarification on when reviews need to be completed and when services may be terminated. These amendments remove form names and numbers.

Fiscal Impact

These proposed amendments may reduce state supplementary assistance payments through coordination of services provided to the client. However, in-home health-related care (IHHRC) expenditures have been declining since FY 2017, and the Department does not expect this rule provision to fundamentally change the overall cost trend.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

Public Comment

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on February 18, 2020. Comments should be directed to:

Nancy Freudenberg
Iowa Department of Human Services
Hoover State Office Building, Fifth Floor
1305 East Walnut Street
Des Moines, Iowa 50319-0114
Email: appeals@dhs.state.ia.us

Public Hearing

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making actions are proposed:

ITEM 1. Amend subrule 177.4(1) as follows:

177.4(1) Eligible individual.

a. No change.

b. The physician’s certification shall include a statement of the specific health care services and that the services can be provided in the individual’s own home. The certification shall be given on ~~Form 470-0673, Physician’s Report~~, a form prescribed by the department or on a similar plan of care form presently used by public health agencies.

c. and d. No change.

ITEM 2. Amend subrule 177.4(2) as follows:

177.4(2) Relationship to other programs. In-home ~~health-related~~ health-related care shall be provided only when other ~~existing~~ programs cannot meet the client’s need. There shall be no duplication of services.

ITEM 3. Amend subrule 177.4(4) as follows:

177.4(4) Service plan. A complete service plan shall be prepared which includes the services needed, the plan for providing these services, and the health care plan defined in rule ~~441—~~177.6(249). The service plan shall be developed following consultation between the client’s service worker and case manager to avoid all duplication of services. Consultation shall include current services provided to the client, payer sources, level of service needs, and service history.

ITEM 4. Amend subrule 177.4(10) as follows:

177.4(10) Application. Application for in-home ~~health-related~~ health-related care shall be made on ~~Form 470-2927 or 470-2927(S), Health Services Application~~ a form prescribed by the department. An eligibility determination shall be completed within 30 days from the date of the application, unless one or more of the following conditions exist:

a. An application has been filed and is pending for federal supplemental security income benefits.

b. The application is pending because the department has not received information, which is beyond the control of the client or the department.

c. The application is pending due to the disability determination process performed through the department.

d. The application is pending because ~~Form 470-0636, Provider Agreement~~, the provider agreement has not been completed and completion is beyond control of the client. When ~~Form 470-0636 the provider agreement~~ cannot be completed due to the client’s failure to locate a provider, applications shall not be held pending beyond 60 days from the date of application.

ITEM 5. Amend subrule 177.5(2) as follows:

177.5(2) Health assessment. The provider shall obtain certification that the provider is physically and emotionally capable of providing assistance to another person who may have physical and emotional limitations.

a. The certification shall be based on an examination performed by a physician or advanced registered nurse practitioner or by a physician assistant who is working under the direction of a physician. If the provider works for an agency, the practitioner performing the examination may not be employed by the same agency.

b. The practitioner conducting the examination shall indicate the certification by signing ~~Form 470-0672, Provider Health Assessment~~ the provider health assessment.

c. The certification shall be submitted to the department service worker:

- (1) Before the provider agreement is signed, and
- (2) Annually thereafter.

ITEM 6. Amend subrule 177.6(3) as follows:

177.6(3) Review. The continuing need for in-home health care services shall be reviewed:

a. At a minimum of every 60 days by the physician, including a written recertification of continuing appropriateness of the plan;

b. At a minimum of every six months by the service worker, including a review of the total care plan and consultation with the client's case manager to consider any change in the client's payer sources, level of service needs, current services provided, and service history;

c. At a minimum of every 60 days by the nurse who shall review the nursing plan; ~~or~~

d. More frequently if required by the physician, the service worker, or the nurse; ~~or~~

e. Upon notification of initiation of waiver services.

ITEM 7. Amend subrule 177.9(3) as follows:

177.9(3) Provider agreement. The client and the provider shall enter into an agreement, using ~~Form 470-0636, Provider Agreement~~ the provider agreement form, prior to the provision of service. Any reduction to the state supplemental assistance program shall be applied to the maximum amount paid by the department of human services as stated in the ~~Provider Agreement~~ provider agreement by using ~~Form 470-1999, Amendment~~ the separate amendment to Provider Agreement provider agreement form.

ITEM 8. Amend rule 441—177.11(249) as follows:

441—177.11(249) Termination. Termination of in-home ~~health-related~~ health-related care shall occur under the following conditions:

177.11(1) Request. Upon the request of the client or legal representative.

177.11(2) Care unnecessary. When the client becomes sufficiently self-sustaining to remain in the client's own home with services that can be provided by existing community agencies as determined by the service worker.

177.11(3) Additional care necessary. When the physical or mental condition of the client requires more care than can be provided in the client's own home as determined by the service worker.

177.11(4) Excessive costs. When the cost of care exceeds the maximum established in 177.4(3).

177.11(5) Other services utilized. When the service worker determines that other services can be utilized to better meet the client's needs.

177.11(6) Terms of provider agreement not met. When it has been determined by the service worker that the terms of the provider agreement have not been met by the client or the provider, the state supplementary assistance payment may be terminated.

177.11(7) Qualified health care services absent. Qualified health care services are health care services supervised by a registered nurse and approved by a physician. When a registered nurse is not available to supervise the in-home service and health care plan, or when a physician or nurse practitioner is not available to review or approve the health care plan, the state supplementary assistance payment shall be terminated.